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<h1>FEE TRANSMITTAL</h1> <h2>for FY 2004</h2> <p><i>Effective 10/01/2003, Patent fees are subject to annual revision.</i></p>		Complete if Known																																																																																																																																																																																																																																																			
		Application Number	09/284,530																																																																																																																																																																																																																																																		
		Filing Date	April 14, 1999																																																																																																																																																																																																																																																		
		First Named Inventor	Markus PLACHO																																																																																																																																																																																																																																																		
		Examiner Name	E. Gary																																																																																																																																																																																																																																																		
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	2681																																																																																																																																																																																																																																																		
TOTAL AMOUNT OF PAYMENT (\$)		110.00	Attorney Docket No.	449122016200																																																																																																																																																																																																																																																	
METHOD OF PAYMENT (check all that apply) <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		FEE CALCULATION (continued)																																																																																																																																																																																																																																																			
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SUBMITTED BY		(Complete if applicable)	
Name (Print/Type)	Kevin R. Spivak	Registration No. (Attorney/Agent)	43,148
Signature		Telephone	(202) 887-1525
		Date	August 30, 2004